FORM DEC Wail Processing

Sections. SECURITIES AND EXCHANGE COMMISSION

FEB 2 6 2009

Washington, D.C. 20549

Washington, DC PURSUANT TO REGULATION D, 108 **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

123/864

SEC USE ONLY Prefix Serial **DATE RECEIVED**

	is an amendment and name has char	iged, and indicate change.)	
Series D Preferred Stock Offering Filing Under (Check box(es) that	apply): Rule 504 Rule 505 X	Rule 506 Section 4(6)	ULOE	PPACECCEN
Type of Filing: X New Filing A		rule 500 Section 4(0)	OLOL	
	A. BAS	SIC IDENTIFICATION	DATA	17 1400 1 1 2000
1. Enter the information requested	1 about the issuer	. 4 4 ! . 4 !		MAR 1 1 2009
SynCardia Systems, Inc.	an amendment and name has change	ed, and indicate change.)		TUANCAN DEUTED
Address of Executive Offices		(Number and Street, Ci	ty, State, Zip Code)	Telephone Number (Including Area Code)
1992 E. Silverlake Road, Tucse	on, Arizona 85713			520-545-1234
Address of Principal Business Of (if different from Executive Office	•	(Number and Street, Ci	ty, State, Zip Code)	Telephone Number (Including Area Code)
Same				
Dico is an allowed				
Brief Description of Business				
	imited partnership, already formed imited partnership, to be formed	oth e r (j	please specify):	09003251
		Aonth Year		
Actual or Estimated Date of Incorp Jurisdiction of Incorporation or Org	oration or Organization: ganization: (Enter two-letter U.S. Po CN for Canada; FN for other foreig	ostal Service abbreviation	Actual Estimated for State: <u>DE</u>	
GENERAL INSTRUCTIONS FEDERAL:		es on an exemption under	r Regulation D or Se	ction 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
77d(6).	ig an otternig or securities in remain	ce on an exemption once	1 Regulation D of Se	0.001 4(0), 17 0171 250.501 07 504. 07 15 0.5.5.
When to File: A notice must be a Exchange Commission (SEC) on t due, on the date it was mailed by U. Where to File: U.S. Securities and	the earlier of the date it is received builted States registered or certified many leaves on the Exchange Commission, 450 Fifth S	by the SEC at the address and to that address. Street, N.W., Washington,	given below or, if red D.C. 20549.	ice is deemed filed with the U.S. Securities and seived at that address after the date on which it is gned. Any copies not manually signed must be
photocopies of the manually signed Information Required: A new fills the information requested in Part C with the SEC.	d copy or bear typed or printed signaling must contain all information requipment and any material changes from the	tures. Jested. Amendments necc	only report the nam	e of the issuer and offering, any changes thereto, and B. Part E and the Appendix need not be filed
that have adopted this form. Issue made. If a state requires the payment	te reliance on the Uniform Limited of	parate notice with the Secu claim for the exemption, a	urities Administrator fee in the proper amo	ities in those states that have adopted ULOE and in each state where sales are to be, or have been punt shall accompany this form. This notice shall like and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner X Executive Officer X Director General and/or Managing Partner Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Slepian, M.D., Maryin J. Business or Residence Address (Number and Street, City, State, Zip Code) 1992 East Silverlake Road, Tucson, Arizona 85713 Check Box(es) that Apply: Promoter Executive Officer X Director General and/or Managing Partner Beneficial Owner Full Name (Last name first, if individual) Copeland, M.D., Jack G. Business or Residence Address (Number and Street, City, State, Zip Code) 1992 East Silverlake Road, Tucson, Arizona 85713 Beneficial Owner X Executive Officer X Director General and/or Managing Partner Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Ford, Rodger G. Business or Residence Address (Number and Street, City, State, Zip Code) 1992 East Silverlake Road, Tucson, Arizona 85713 Beneficial Owner Executive Officer X Director General and/or Managing Partner Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Goldberg, M.D., Mark C. Business or Residence Address (Number and Street, City, State, Zip Code) 1992 East Silverlake Road, Tucson, Arizona 85713 Beneficial Owner X Executive Officer Director General and/or Managing Partner Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Mackstaller, J. David Business or Residence Address (Number and Street, City, State, Zip Code) 1992 East Silverlake Road, Tucson, Arizona 85713 General and/or Managing Partner Executive Officer X Director Check Box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual) Schlossberg, Mark Business or Residence Address (Number and Street, City, State, Zip Code) 1992 East Silverlake Road, Tucson, Arizona 85713 Executive Officer X Director General and/or Managing Partner Check Box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) 1992 East Silverlake Road, Tucson, Arizona 85713 General and/or Managing Partner Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director Full Name (Last name first, if individual) SXP X, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1992 East Silverlake Road, Tucson, Arizona 85713 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В.	INFORM	ATION A	BOUT OF	FERING				
1 Hast	he issuer so	old or does	the issuer i	intend to se						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********		Yes No X
1. 1145 (133601 30	J.G., O. 0000	410 155501		Answer al	so in Appe	ndix, Colum	nn 2, if filir	ng under Ul	OE.			
2. What	is the min	imum inve	stment that	will be acc	epted from	any individ	ual?				****		None
													Yes No
3. Does	the offerin	g permit jo	int ownersh	ip of a sing	gle unit?		*******				***************************************		X
solici regist	itation of p tered with t	urchasers in the SEC and	n connection Nor with a	on with sale state or stat	es of securi es, list the (ties in the name of the	offering. 1	fa person : lealer. If m	to be listed ore than fiv	is an asso	ciated perso	sion or similar re on or agent of a b ted are associated	roker or dealer
Full Nar	ne (Last na	me first, if	individual)										
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						<u> </u>	
Name of	f Associate	d Broker or	Dealer				<u> </u>		- -				
States in (Check	Which Per "All States"	rson Listed or check i	Has Solicit ndividual S	ed or Inten	ds to Solici	t Purchaser	s	******************					All States
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) [ME] [NY] [VT]	(DE) (MD) (NC) [VA]	{DC] {MA] [ND} [WA]	[FL] [Mi] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) (MO) (PA) (PR)	
Full Nar	ne (Last na	me first, if	individual)										
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)	<u> </u>				-		
Name o	f Associate	d Broker o	Dealer					<u></u>					
States in (Check	Which Pe	rson Listed or check i	Has Solicit ndividual S	ed or Inten	ds to Solici	t Purchaser	S		.,				All States
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	(DE) [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [W!]	(HI) [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Na	me (Last na	me first, if	individual)										
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State	, Zip Code)	,	<u>.</u>					
Name o	f Associate	d Broker of	Dealer		-			<u></u>					
States in (Check	Which Pe	rson Listed " or check i	Has Solicit	ted or Inten	ds to Solici	t Purchaser	3						All States
(AL) (IL) (MT) (RI)	(AK) (IN) (NE) (SC)	(AZ) (IA) (NV) (SD)	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) [LA] [NM] [UT]	(CT) [ME] [NY] (VT)	(DE) (MD) (NC) [VA]	(DC) [MA] [ND) [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] {MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box * and indicate in the columns below the amounts of the securities offered for	USE OF PROCEEDS	
	exchange and already exchanged.	Aggregate	Amount
	Type of Security	Offering Price	Already Sold
	Debt	\$	\$
	Equity	\$6,000,000	\$4,023,484
	Common X Preferred		
	Convertible Securities (including warrants)	s	\$
	Partnership Interests	s	s
	Other (Specify)	s	s
	Total	\$6,000,000	\$ 4,023,484
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar
		Investors	Amount of Purchases
	Accredited Investors	49	\$ 4,023,484
	Non-accredited Investors	0	0
	Total (for filings under Rule 504 only)	0	0
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of Security	Dollar Amount Sold
	Type of Offering		s
	Rule 505		s
	Regulation A		\$
	Rule 504		s
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		X \$5,164.00
	Legal Fees		X \$15,588.00
	Accounting Fees		X \$4,000.00
			. 50
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)		X \$24,752.00

Total.....

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question I and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		x \$3,998,732
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.		
		Payments to Officers, Directors & Affiliates	Payments to Others
	Salarics and fees	X \$100,000	\$ 0
	Purchase of real estate	\$	s
	Purchase, rental or leasing and installation of machinery and equipment	\$	s
	Construction or leasing of plant buildings and facilities	s	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	s	s
	Repayment of indebtedness	s	s
	Working capital	s	X \$3,898,732
	Other (specify):	s	s
	Column Totals:	\$	s
	Total Payments Listed (column totals added)	s	X \$3,998,732
	D. FEDERAL SIGNATURE		
m un	ssuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is idertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written requion-accredited investor pursuant to paragraph (b)(2) of Rule 502.	s filed under Rule 505, the est of its staff, the informa	following signature constitutes ation furnished by the issuer to
	cer (Print or Type) Cardia Systems, Inc. Signature Signature Authority	Date February <u>24</u> 2009	
Nar	ne of Signer (Print or Type) Title of Signer (Print or Type)		
	Dena Richter Chief Financial Officer		

 $\mathbb{E}\mathcal{N}\mathcal{D}$

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)